



Registration Form

Student Information

Student's Name _____ Nickname _____ Please check: F _____ M _____
Address _____ City/State _____ Zip Code _____
Phone _____ Email _____ Birthdate _____

Parent/Guardian Information

Parent/Guardian Name _____ Phone _____

Relationship to student _____

Does your child currently receive support services? Please Circle all that apply: OT PT Speech Spec. Ed N/A
If your child currently receives services through Bright Start, please share your provider's name(s):

Does your child have a medical diagnosis? Please explain: _____

Do you feel your child will need extra support to participate fully in our groups? (if yes, please explain on back) _____

Name of Persons authorized to pick up student (will need to provide photo identification) _____

In case of emergency, and parents/guardians cannot be reached, please contact:

1) Name _____ Phone _____ Relationship _____

Are there any medical conditions or allergies we should know about? Yes _____ No _____

If Yes, please explain: _____

Doctor's Name _____ Phone _____

Hospital of Choice _____ Dentist's Name _____ Phone _____

BSPS policy requires each child enrolled in our programs to be immunized according to New York State Department of Health guidelines. **A copy of your child's current immunization record is required to enroll in summer sessions. Any registration form submitted without immunization record is unable to be processed.**

Payment in full is due at the time of registration. Registration forms submitted without payment are unable to be processed.

BSPS reserves the right to cancel sessions with prior notice. In the event a session is cancelled, payment will be refunded.

BSPS regrets that we are unable to refund payment for any class/classes that are not attended by the registrant.

I agree that in the case of an accident or injury, emergency medical care may be given in the event that I or the person designated cannot be reached.

Signature of Parent/Guardian

Date